

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5	1					
6	1					
7	1					
8	1	1				
9	1					
10	1					
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50						
TOTAL IND.	2					
T TAL DEP.	10	→	→	→		
T TAL CLAIMS	12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.				
TOTAL DEP.		→	→	→
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]